

1919.

—THE—

# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

*ERPINGHAM*

Rural District.

---

ROUNCE & WORTLEY, "RELIANCE" PRINTING WORKS, HOLT,  
AND AT CROMER AND SHERINGHAM.

# ERPINCHAM RURAL DISTRICT COUNCIL.

---

## ANNUAL REPORT

OF THE

## MEDICAL OFFICER of HEALTH

FOR 1919.

---

LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report for the period ending December 31st, 1919.

Owing to the various conditions prevailing during the War such as shortage of paper and labour, no Report has been presented since 1916, and this Report will cover the period since that date.

During this period the aspect of the District underwent a complete change owing to the gradual incursion of military units up the number of about 10,000 men who were billeted or camped about the District with the usual "impedimenta" including, after a time, Field Ambulances, limited Staff of Medical Officers and Orderlies.

The Sanitary Services of the military and civilian population were linked up without delay, the system worked satisfactorily and without friction, judged by results it was successful as the District was kept free from epidemics of serious type. The majority of Civilian Medical Practitioners were employed under contract to assist the Military Medical in the routine Medical work.

The Annual Report of a Medical Officer of Health is required under an Order of the Ministry of Health, who in Circular 66 and Memo A, Medical have issued precise instructions for its compilation. On this occasion it is intended, first, to bring to light any local consequences of war conditions that may need special attention and, secondly, to form the basis for that careful and comprehensive scheme of health development generally which it is hoped may shortly follow in every locality upon the recent unification in the Ministry of Health of the various central functions in respect of all matters affecting the health of the people.

It is suggested that the Council should arrange for the Report to be distributed locally as widely as possible and should take steps, through the local press, and otherwise, to bring its contents effectually to the knowledge of the people. One of the main purposes of the compilation of the Report is that by giving it the widest possible publicity it shall engender a popular interest in the subject, and an enlightened public opinion which shall support the Local Authority in realising its high responsibilities for the health of the area and in remedying, at the earliest opportunity, the various defects which the survey may bring to light whether arising from war conditions or from other causes. Such an increase of public knowledge and interest in these matters may also become an effective means of educating the citizens in the more important conditions of public health, of warning them against particular dangers, and of securing that highly important co-operation and confidence between them and the Health Authority and its staff, which is essential to successful health administration.

### **Physical Character and Geography.**

The Erpingham Rural District is situated upon the North coast of North Norfolk. It is roughly oblong in shape, has an 18 mile sea board extending from Cley on the West, to Mundesley on the East, and is about 6 to 7 miles deep from North to South. From West to East it is bounded by the Walsingham, Aylsham and Smallburgh Rural Districts. Partly inset it has the two sea-side Urban Districts of Cromer and Sheringham to the North and the small agricultural town of North Walsham, also an Urban District, to the South East.



Its area is 62,218 acres. Population 1901 Census 16,118, 1911 Census 17,137. For 1918 the death rate population was estimated to be 15,867. For 1919 the population for death rate has estimated to be 15,508, for birth-rate 16,155.

### **Inhabitants and Occupations.**

The inhabitants may be placed in two classes:—

- (a). Those living in the inland villages whose chief occupation is connected with agriculture.
- (b). Those living in the coast villages who, in addition to agriculture, let rooms to Summer Visitors and go fishing in small boats.

The coast villages are Cley, Salthouse, Kelling, Weybourne, West and East Runton, Overstrand, Side-strand, Trimingham, Gimingham and Mundesley.

### **Geology.**

The Chalk which forms the solid geology of Norfolk is here from 1,000 to 1,300 feet thick. It is overlain by deep beds of Crag and Glacial Drift, the latter consisting of every kind of sedimentary and detrital formation from chalk, mud, marl, loam and sand to gravel, and forming the surface soils of the District.

The two highest points in the Country are in the District; 332 feet on the Runton-Aylmerton boundary, North East of Aylmerton Church, and 322 feet on the Beckham-Sheringham boundary near "The Gibbet." The hills are capped with sand and gravel, and carry extensive heaths and woodlands, the woods have a large admixture of coniferous trees and seldom extend beyond the gravel.

Eastward of Bodham and Matlaske the lower ground has loam of good quality, except where blown sand and hill wash have yielded a sandy surface. Westward of that line the lower grounds have covering of boulder clay, varying greatly in stiffness. The only natural exposures of chalk are along the coast and in the Glaven valley. The chalk is below sea level at Mundesley and Cromer, rising about 20 feet above the sea at Trimingham and Weybourne. At the foot of the downs,

bordering the alluvium at Cley and Blakeney, it rises 15 feet above sea level. Chalk is exposed in the bottom of the Glaven Valley from Letheringsett to Cley, the steeper slopes adding much to the boldness of the scenery.

The streams carrying the natural drainage are small, the Glaven rising at Bodham flows via. Holt, Hunworth, Letheringsett and Cley to the sea at Blakeney Harbour. The Ant and Bure have some of their gathering grounds in Briston, Edgefield, Barningham, Gresham and Antingham. Many small land springs issue from the cliff faces on the coast, those oozing from the boulder clay are sometimes highly ferruginous, and cover the cliff face, and the vegetation, a bright red tint.

Domestic water supplies are derived from two sources, in addition to rain water and open streams.

1. The solid chalk forms the great reservoir of Norfolk and is reached by wells and borings, sometimes of considerable depth (300 feet), the water is pure and may be in contact with lead pipes, without fear of lead poisoning, it has an average hardness of 15 degrees; (12 degrees to 20 is the range excluding extreme cases).

At Metton, the Cromer Waterworks Company sunk a well, boring 400 feet to secure an adequate supply. In the town of Holt, the chalk has yielded copious supplies at 150 feet, and the trial boring on Spouts Common at 115 feet.

2. Over a great part of the Erpingham District, supplies are obtained from the "Drift." wells being sunk until water is found. Owing to the contorted state of the strata, water is not held over large areas, and wells in close proximity vary greatly in depth. It is often highly charged with iron, and may be malodorous when derived from boulder clay, from contact with iron pyrites. At Holt, there is a remarkable spring on Spouts Common which yields, at all periods of the year, in both wet and dry seasons, a constant stream of very soft pure water. It is an ordinary land spring fed by surface water, percolating through soft permeable beds, until thrown out by the marl and clay beds beneath. The direction and extent have not been determined.



## Sanitary circumstances of the District.

---

### Water Supply.

#### 1. Deep Well Water.

Mundesley, Holt, Overstrand, Sidestrand, Felbrigg, part of Roughton, East and West Runton, are supplied by a good, sufficient, and constant supply of deep well water obtained from the chalk by pumping, from their own wells in the cases of Mundesley and Holt, from the Cromer well in the case of the other villages. Kelling has water laid on from a spring lying above the village.

#### 2. Shallow Wells.

In almost every other village in the District the water is obtained from shallow wells in the glacial drift.

In nearly every case where the water has been analysed chemically, it shows no signs of contamination, but, in spite of this, the District has been singularly free from water borne disease, during the eight years I have been Medical Officer of Health, including the four years of the War, when there was a likelihood of contamination.

My faith in the chemical examination and standards of water is waning, and in future I shall depend upon the bacteriological examination more largely.

The question of using the spring water on Spouts Common for Holt, was laid before me during the year. As stated above, it is a shallow water from the Drift as is partly witnessed by its softness. If it came from the chalk it would be a hard water. The question of its fitness for use depends upon the bacteriological examinations over an interval of time. It contains excess of nitrates, indicating old pollution not necessarily harmful, and if the bacteriological analyses are satisfactory the water would be ideal in that it is abundant, requires little pumping to deliver and economical to the householder on account of its softness and saving in soap.

### **Drainage and Sewerage.**

Holt, Mundesley, West Runton, Overstrand, Sidestrand in its urban portions, and the confined parts of East Runton are sewered.

The sewage is disposed of in the North Sea without nuisance.

Pail Closets are provided in Cley and Aldborough, and in Northrepps, Trimingham and Gimingham, almost completely.

Pail Closets are provided in the other villages to about the extent of 50 per cent.

### **Scavenging.**

Holt, Mundesley, Overstrand, Cley, Sidestrand (in part), East and West Runton (in parts), are provided with dustbins, which are emptied by a public scavenger twice weekly in summer, and weekly in winter.

The purely rural villages possess dustbins to a variable extent.

There is a marked tendency for tenants to insist upon landlords to voluntarily supply both dustbins and pail closets. Every effort is made by the Sanitary Authority to persuade or compel landlords to supply these minimum requirements.

### **Housing of the Working Classes.**

It will always stand to the credit of the Council that this great national subject had been tackled, and substantial progress made therewith, before the outbreak of the War which alone brought the effort to a temporary standstill. Among Rural Districts they were pioneers. The six cottages erected in 1912 in Briston, were let at the economic rent of £10 8s. per annum, and have therefore involved the ratepayers of that parish in no expense. In other parishes three cottages are practically self-supporting, but the remaining 19 houses were let at the low rent of £7 per annum each, the Council paying rates and other outgoings thereon, and these involve a loss to the ratepayers of the parishes, in which they are erected of over £3 per annum each. A large and comprehensive



scheme has been formulated embracing the building of 256 cottages in 46 villages, 20 in Holt, 12 in Mundesley and Runton, 10 in Briston and Cley, etc. Sites have been procured, plans approved, and it now remains for the question of finance and material to be settled before the work is put in hand.

In 1917 there were in the District 3000 cottages of a rateable value of £8 and under.

They may be divided approximately into four classes containing 25 per cent. each, 25 per cent. satisfactory, 25 per cent. fair, 25 per cent. indifferent, 25 per cent. bad.

This is, if anything a flattering estimate, and to support this contention an extract from the Manual on Unfit Houses and Unhealthy Areas, issued by the Ministry of Health is appended. It is also useful as an authoritative guide as to what constitutes a fit or unfit house for habitation, in view of differences which have arisen in the past.

In Chapter V. Standards of Fitness it is laid down a fit house should be—

1. Free from serious dampness.
2. Satisfactorily ventilated and lighted.
3. Properly drained and provided with adequate sanitary conveniences, and with a sink, and suitable arrangements for disposing of slop water, and
4. In good repair, and should have
5. A satisfactory water supply.
6. Adequate washing accommodation.
7. Adequate facilities for preparing and cooking food, and
8. A well ventilated store for food.

Would 25 per cent. of the cottages in the Erpingham Rural District attain to the above standard?

Apart from the question of building, much needs to be done in repairs to make the cottages "fit for heroes" to inhabit.



## Supervised Premises.

### SLAUGHTER HOUSES.

There are 27 registered slaughter houses in the District. They have all been visited during the year, and are in a generally satisfactory condition.

Byelaws are adopted and enforced.

### DAIRIES, COWSHEDS, MILK SHOPS.

There are 155 premises registered under this Order. They have practically all been visited during the year, their condition varies, faults of cleanliness and construction rather than ventilation being predominant. The milk supply is good, and with one exception dealt with below, no case of infectious disease has been traced to milk.

### LODGING HOUSES.

There is no Common Lodging House in the District.

### OFFENSIVE TRADES.

There are three Knackers Yards in the District, properly situated and conducted; a minimum of nuisance is caused thereby.

### FACTORIES AND WORKSHOPS.

There are 114 Factories and Workshops in the District. They are visited at once, upon complaint, and steps taken to remedy any insanitary condition.

### SCHOOLS.

The Sanitary condition and water supply of the Elementary Schools is satisfactory. The Head Teachers notify the School Medical Officer, and the Medical Officer of Health of all known or suspected cases of infectious or contagious disorder. School closure is effected by the School Medical Officer, in case of epidemics of the minor infectious diseases, and after consultation with him, in other cases. Upon the outbreak of infectious disease, apparently due to school influences the school is visited, swabs taken and suspects excluded.

## Prevalence and Control over Infectious Disease.

143 Notifications were received during 1919; (242 in 1918).

Measles and German Measles	—	62.	
Diphtheria—	—	27.	(1918-36)
Scarlet Fever	—	22.	
Pneumonia	—	17.	
Paratyphoid Fever	—	6.	
Malaria	—	5.	
Ophthalmia Neonatorum	—	2.	
Trench Fever	—	1.	
Erpsipelas	—	1.	

No case of Small Pox, Cerebro Spinal Meningitis, Polio Myelitis, Encephalitis lethargica, or other notifiable disease was notified.

The cases were widely distributed, mild in type, nothing in the shape of an epidemic occurred, the Paratyphoid cases are noted below.

The epidemic of Influenza swept over the District in February, the type was obviously milder than in large towns, and the mortality rate lower.

Tuberculosis will be dealt with by the County Medical Officer in his Annual Report. It appears to me that the Notification of Tuberculosis Order is fairly observed by Medical Practitioners in the District.

The two cases of Ophthalmia Neonatorum were due to mild infections, probably not Gonococcal, both eyes were effected in each case, both cases recovered completely.

*16 cases of Paratyphoid Fever occurring within and without the District, eventually traced to a carrier.*

In August, 1918, a case of Paratyphoid Fever occurred, in a child staying in Sheringham, daughter of a member of the staff of Gresham's School, Holt, a sister suffering from an apparently similar infection, gave a negative blood reaction.



In December, 1918, information was received that two and possibly three boys from the same school and same house, developed Paratyphoid Fever, a week to ten days after they arrived home for the holidays.

In January, 1919, one case developed in Sheringham, in an adult, who had been in contact with a convalescent from Paratyphoid Fever in London, during the period of probable infection.

All these cases had the same milk supply. A full investigation of the circumstances was made. The milk had been supplied to 2 other houses in the School, to a Sanatorium, and to many households in Sheringham, without ill effects. The dairy and cow sheds were found to be in excellent order, the water supply good. The dairy staff, I was informed, had milked for several years unchanged, there was no suspicion that any of them had suffered from Typhoid Fever in the past.

Investigation was made in the usual direction without definite result, and no further cases occurred until June, 1919, when two more cases occurred in the same School, but in a different house, and one in Sheringham, all taking the same milk. In August, two cases occurred in the Sanatorium taking the milk, and four cases in boys who had returned from the school for their holidays.

Samples of the blood of the milkers were taken, an examination of their urines had proved negative, and after a little difficulty attention was focussed upon a particularly healthy looking boy of 16, whose blood gave a partial reaction to Paratyphoid B, the type of the whole group of cases. He had worked on the farm for several years, but had only milked since June, 1918, a fact which was not stated during my first enquiry. Enquiry elicited the fact that he was ill *6 weeks* with Influenza in November, 1917, and no doubt he then had Paratyphoid Fever.

He was sent to Hospital, and after long delay the Bacteriologist pronounced him to be a carrier of the bacillus of Paratyphoid Fever B.

He was put off milking, and no further cases have occurred.

The cases were all mild and recovered uneventfully.

The boy has approached me to be cured of his disability. I am not sure, if it is possible, but am arranging for him to enter Hospital again with this view.

## **Means of Preventing Mortality in Child Birth and Infancy.**

The Notification of Births Act, 1907, is now compulsory.

The Midwives Act, 1902, is administered by the County Council.

No case of Puerperal Fever was notified during the year.

Two cases of Ophthalmia Neonatorum were notified in 1919.

No Infant Welfare Scheme is in being. In a populous urban area such a scheme is carried out from an infant Welfare Centre held in a convenient or specially adapted building with rooms and appliances for a Doctor and Nurse, a waiting room, lavatory and cloak room for perambulators. The work in its simplest form comprises attention to the health of expectant and nursing mothers and children under five years of age, including the work of health visitors, midwives and nurses. To this may be added consultation and treatment centres, maternity homes and hospitals for the reception of expectant and nursing mothers and young children as in-patients. Such a scheme is the first link in the chain to protect young life and to prevent those influences which going uncorrected tend to make a C3 population. It will be observed that an Infant Welfare scheme deals with the pre-natal and first five years of life when the child is turned over to the elementary schools and the medical inspection under the Education Act which is the second link in the chain, the third link being the National Insurance Act, which takes the youth at 16 and looks after him or her for the rest of life. The needs of a Rural District are quantitatively not so great but on account of distances and lack of communications more difficult to deal with than those of an Urban area.

It is useless to expect an expectant mother living at Salthouse to push her pram containing numbers one and two to Holt to take the train to Norwich to consult an unknown doctor about an ailment which her mother treated with poultices unless something is done at home to alter her convictions. The question is what can be done and how to make a beginning. I will attempt to answer the question as follows :—



During the year a Runton lady approached me to ascertain if an Infant Welfare Centre could be formed for West Runton (population of East and West Runton 900). A resumé of the above remarks was given and it was sympathetically pointed out that such a scheme was almost impossible for even the whole of the Erpingham District.

I volunteered the information that I had known almost perfect maternity and child welfare work to be done in a village by a trained midwife and philanthropic lady, both possessing intelligence and tact. Owing to her attainments the Midwife was engaged to attend most of the confinements, with or without a doctor, and consulted for every ailment both ante-natal and senile. Expectant mothers, parturient mothers, nursing mothers, were tactfully but firmly induced to consult their doctor for all but trivial ailments, the result was the babies lived and had their ailments promptly attended, and the objects of a full Maternity and Infant Welfare scheme attained.

As regards a Rural District the first step in Maternity and Infant Welfare is the establishment of Certified Midwives in the largest villages or groups of villages. They should be subsidised by the Council to enable them to earn a living and work under a small local Committee of the Council with the Medical Officer of Health as supervisor.

To begin with four Midwives might be advertised for and established in say Holt and District, Briston and District, Southrepps and Northrepps and the two Runtons with Aylmerton and Beeston.

### **Sanitary Administration.**

The Staff is composed of the Medical Officer of Health and one Sanitary Inspector.

### **ISOLATION HOSPITAL.**

In 1915 the present Isolation Hospital was completed. It is centrally situated at Roughton upon an ideal site. It consists of an administrative block containing kitchen and two bedrooms, bathroom and all offices which is capable of extension, one pavilion of two wards and offices capable of accommodating four or five patients in each, a deep well into the chalk with a windmill to raise the water, adequate drains and sewage disposal.

Opened in February, 1916, for the first time it has proved a great success and has supplied a long felt want in the District.

During 1918 20 cases of Scarlet Fever and Diphtheria were admitted.

During 1919 15 cases of Scarlet Fever and Diphtheria were admitted.

The Medical Officer of Health acts as Superintendent.

The Hospital is closed when not required. Upon application for admission of a case that cannot be safely isolated at home the Cook Housekeeper is requested by telegram to open the Hospital, the Nurse wired for and the case removed thereto by cab or car.

Disinfection is done in a Chamber by means of Sulphur and Formalin. A Steam Disinfector is necessary; details of a suitable instrument at a cost of £100 have been laid before the Sanitary Committee.

A Telephone should be installed in the building without delay. The wires run within 100 yards on the main road and the cost would not be great. The difficulties of communication in emergency and for shopping are enormous, there is no one to take messages, the nearest building is a mile away, Overstrand, 2 miles, is the nearest telegraph office.

During the year the Erpingham Council has been approached by the Urban Council of North Walsham as to whether it could provide Isolation Hospital accommodation for the infectious diseases of the latter District. Negotiations are in progress. By an extension of the present accommodation at Roughton a combination of the two Districts for the isolation of infectious diseases could be made with mutual benefit and economy. It would mean the building of another pavilion of two wards of six beds each so that males and females with two different diseases could be admitted into four separated wards. In addition a steam disinfector and the telephone would be even more necessary than at present,



Chemical and Bacteriological Analysis are carried out by the Clinical Research Association and paid for by the Council. Doctors are supplied with outfits and encouraged to send specimens of blood, sputum and swabs in doubtful cases of infectious disease. Antitoxin is supplied free in necessitous cases, a stock is held by chemists in Holt, Cromer and Sheringham and by the Medical Officer of Health.

### **Food.**

#### MILK SUPPLY.

The milk produced in the District, it is estimated, is more than sufficient for its requirements, the surplus being exported. It is of good quality, cleanliness in milking and distribution appears to be improving.

MILK (MOTHERS AND CHILDREN) ORDER, 1918.

No application was made during the year 1919. In the case of such the milk would be ordered by the Medical Officer of Health after investigation and sanctioned by the Council later.

#### OTHER FOODS.

Nothing worthy of report has come to my notice. The Bakehouses and Slaughterhouses are generally in good condition. The meat consumed in the District is either fed locally and of excellent quality or chilled foreign meat which if properly cooked is also excellent. There is no public abattoir and it is not possible to inspect the meat at the time of killing in such a district as this with the staff available.

### **Ambulance.**

.....

There is a pressing want in the District which may properly be referred to in this report as it is connected with the Public Health and with the private comfort of the sick who in its interests are called upon to submit to transportation from one place to another.

In a Rural District such as ours and in isolated and small Urban Districts such as Cromer, North Walsham, and Sheringham there is a not very large but constant stream of sick persons flowing to the institutions provided for such. These embrace at least four classes:—

1. General Hospital cases.
2. Poor Law Infirmary cases.
3. Isolation Hospital cases.
4. Lunatic Asylum cases.

They have been removed in the past by rail, hired motor car or cab, methods which have involved a good deal of extra suffering on the part of the afflicted and relatives on account of the time, exposure, publicity and inconvenience inseparable from these different means of transport. Take the case of a mentally afflicted person from a respectable but poor family who has to be certified as a pauper lunatic and removed to the asylum by rail, consider the feelings of the patient and relative escorted by the Relieving Officer, subjected to the curiosity of their acquaintances and the travelling public, or the case of a child with the high fever of Scarlatina who has to be removed the few miles to the Isolation Hospital in a lumbering cab because no motor car is available.

At the conclusion of the war the British Red Cross Society placed at the disposal of the neighbourhood a Ford Motor Ambulance, which is stationed at Cromer, under the direction of the local unit of the St. John's Ambulance Brigade. Having displayed both generosity and wisdom in its gift the British Red Cross Society then unfortunately almost nullified its benefit by ruling that Lunatics and cases of Infectious Disease were not to be conveyed by the Ambulance. An ambulance is so constructed that it is very readily disinfected, and this, of course, would be done by the Sanitary Inspector in every case. Beyond the driver of the ambulance no service would be required from any member of the St. John's Ambulance Brigade, and there can be only a sentimental objection to the use of an ambulance for all purposes of sick transport. Such was their use during the war. The money was provided for the British Red Cross Society by public subscriptions, and the least it can do is to allow the public the full use of a gift at present hampered with unreasonable restrictions.

The Council is advised to take up the subject with the British Red Cross Society with the view of the removal of the restrictions, which would render a great service to the Public Health and result in an economy to the rate-payers.



**Vital Statistics.**

Death Rate per 1000 population.	Birth Rate per 1000 population.	Rate per 1000 births.	
		Diarrhoea and Enteritis under 1 year.	Total Deaths under 1 year.
1917 ... 15.27	17.34	3.5	104.89
1918 ... 15.16	16.31	3.44	96.5
1919 ... 14.37	16.83	7.35	66.83
England and Wales, 1919 ... 13.8	18.5	9.59	89.

**Causes of Death in Erpingham Rural District, 1919.**

Causes of Death.	Males.	Females.
All Causes ... ..	104	119
Whooping Cough ... ..	1	1
Diphtheria and Croup ... ..	3	2
Influenza ... ..	12	11
Pulmonary Tuberculosis ... ..	9	7
Tuberculous Meningitis ... ..	2	1
Other Tuberculous Diseases ... ..	2	...
Cancer, Malignant Disease ... ..	9	11
Organic Heart Disease ... ..	10	16
Bronchitis ... ..	2	7
Pneumonia (all forms) ... ..	6	7
Other Respiratory Diseases ... ..	1	1
Appendicitis and Typhilitis ... ..	1	...
Cirrhosis of Liver ... ..	1	...
Nephritis and Bright's Disease ... ..	6	3
Parturition apart from Puerperal Fever ... ..	...	1
Congenital Debility, etc. ... ..	4	7
Violence, apart from Suicide ... ..	3	1
Suicide ... ..	1	1
Causes Ill Defined or Unknown ... ..	1	...

Deaths of Infants under One  
Year of Age.

Total ...	...	6	...	12
Illegitimate ...	...	2	...	4
Total Births ...	...	146	...	126
Legitimate ...	...	125	...	117
Illegitimate ...	...	21	...	9
Population for Birth Rate ...			16,155	
Population for Death Rate ...			15,508	

I am, Sirs,

Your Obedient Servant,

J. E. LINNELL, B.A., M.B.,

B.C., Cantab, D.P.H., Lond.



# HOUSING.

Total number of houses in District, about 5,600.

Number of houses erected in 1919 for workmen—nil.

Population—estimated 18,000.

The Council propose to erect 232 cottages to remedy overcrowding and to replace unfit dwellings.

## **Overcrowding.**

47 houses intended for one family only are now occupied by two or more families.

It is intended to remedy this by the erection of more cottages.

No cases of overcrowding were dealt with in 1919.

## **Fitness of Houses.**

496 inhabited houses are unfit—mainly because of dampness and dilapidated conditions.

The main difficulties in dealing with these cases are the shortage of habitable houses and the high cost of erecting new cottages.

## **Unhealthy Areas.**

No complaints were received during the year.

## **Byelaws relating to Houses.**

The urban series of model Building Byelaws is only in force in four parishes of this rural district.

## **General and Miscellaneous.**

The Council are endeavouring to get 32 cottages erected in 1920 in seven parishes.

## **Statistics for year ending December, 1919.**

Complaints by householders or Parish Councils as to unfit dwellings—nil.

Action taken under Sec. 17 of Act of 1909—Nil.

„ „ „ „ 28 „ 1919—Nil.

Closing Orders—No action taken.

Demolition Orders— do.

Obstructive Buildings. No representations received as to any Staff engaged in housing work. The Inspector of Nuisances acts as Inspector under the Housing Acts.

# REPORT

OF THE

## Inspector of Nuisances

FOR THE YEAR 1919.

---

Population—17,107  
Complaints received—3.  
Nuisances Detected without complaint—75.  
Nuisances abated—75.  
Notices served—22.  
Summonses taken out—Nil.  
Convictions—Nil.  
Cottages inspected under Housing Acts—75  
Lodging Houses inspected— None in District.  
Slaughter Houses inspected—27. No. in District visited quarterly.  
Bakehouses inspected—20 No. in District visited quarterly  
Dairies and Milkshops inspected—8.       "       "  
Cowsheds inspected—147.       "       "  
Workshops inspected—112.       "       "  
Filthy Houses cleaned (Sec. 46 P.H.A., 1875)—  
Houses disinfected—43.  
Overcrowding abated—  
Houses placed in Habitable Repair—  
Houses closed—1.  
Houses erected or re-built for which Water Certificate sought—Nil.  
"Certificates" granted—Nil.  
"Certificates" deferred—Nil.  
Wells sunk or improved Supplies of Water—Nil.  
Wells cleansed or repaired—4.  
Wells closed—Nil.  
Houses connected with sewers—2.  
Houses connected with water mains—2.  
Earth, Pail, or improved Privies constructed, or existing Privies altered—16.  
Privies and W.C.'s repaired—13.  
W.C.'s supplied with Water—2.  
Cisterns cleansed, repaired, or covered—Nil.  
Animals improperly kept removed—2.  
Samples of Water taken for Analysis—2.  
Compensation paid for destruction of infected bedding—Nil.  
Seizure of unsound meat—Nil.  
Canal Boats inspected—None in District.